

The state of the contraction of

NEVADA DEPARTMENT OF CORRECTIONS <u>EMERGENCY</u> GRIEVANCE FORM

	NAME: Wa	yNe APorse H.	1.D. NUMBER	9740	
	INSTITUTIO	•	_ UNIT: 4A8		
TO. Y.,	Them be again when I was in a found you march meto and Told staff I was				
Tracked 4	outy uni I in hole for projectic beliefs, I was Told believe I the fired To move				
I-hand miteral o	The Room You mived acts when You took me out. In having project problems becomes and and ones I man man Don't holy This is The 2nd Time you put we in his knowe this problem and complete about wanting to see A payor To Their To and provided				
	N MEE CY SWORN DEC	Charation under penalty of i	PERJURY	DATE: 8-14-17 TIME	E:
	SUPERVISOR COMMENT/ACTION TAKEN ON EMERGENCY GRIEVANCE:				
	SUPERVISO	R SIGNATURE:	TITLE:	DATE: TiM	IE:
	INMATE AGREES: INMATE DISAGREES:				
	INMATE SIG	NATUE:	TIME:	DATE:	
	FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FORMAL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.				
	Original: Canary: Pink:	To inmate when complete, or attached to form To Grievance coordinator when complete Inmate's initial receipt	nal grievance		

4094